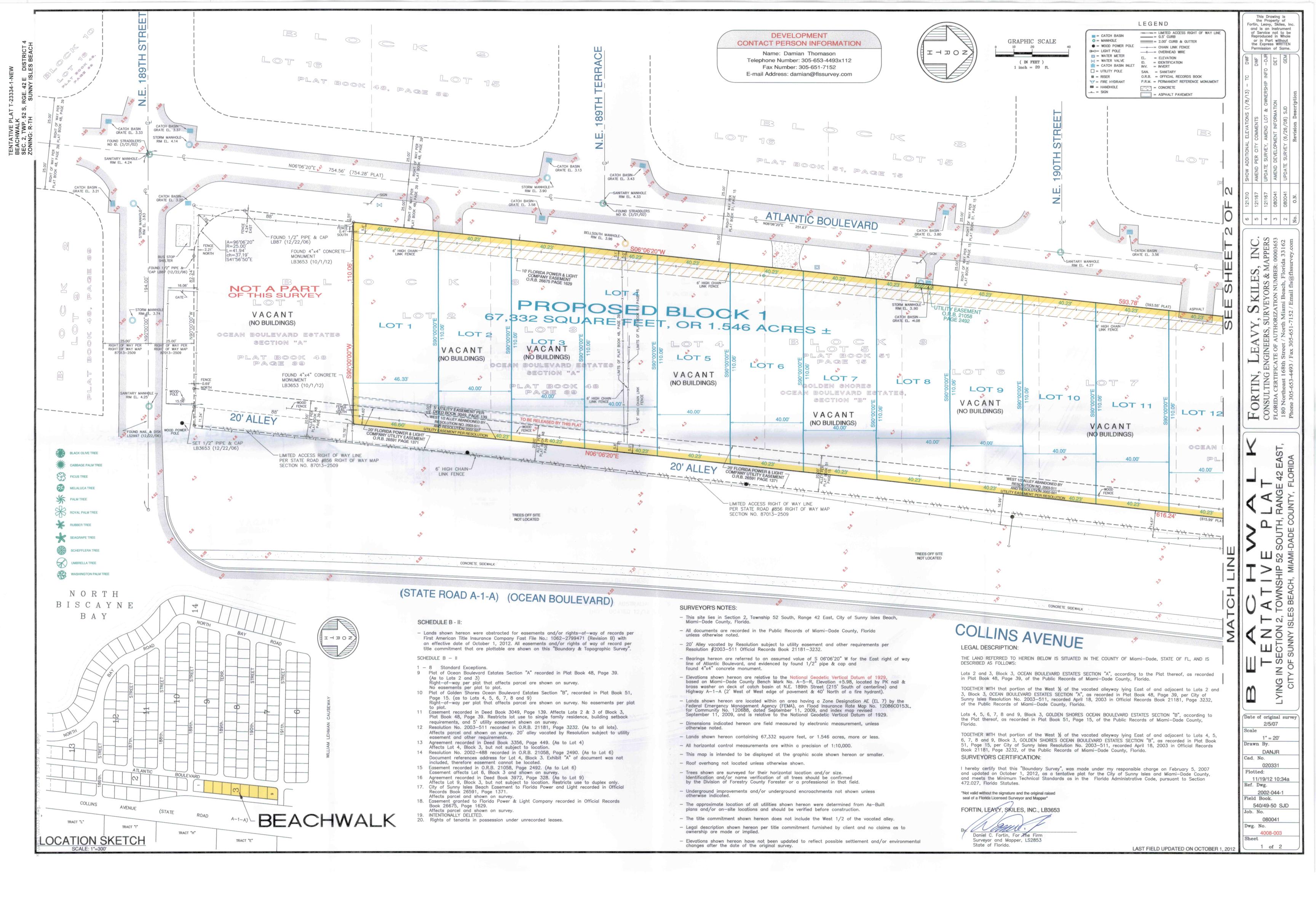
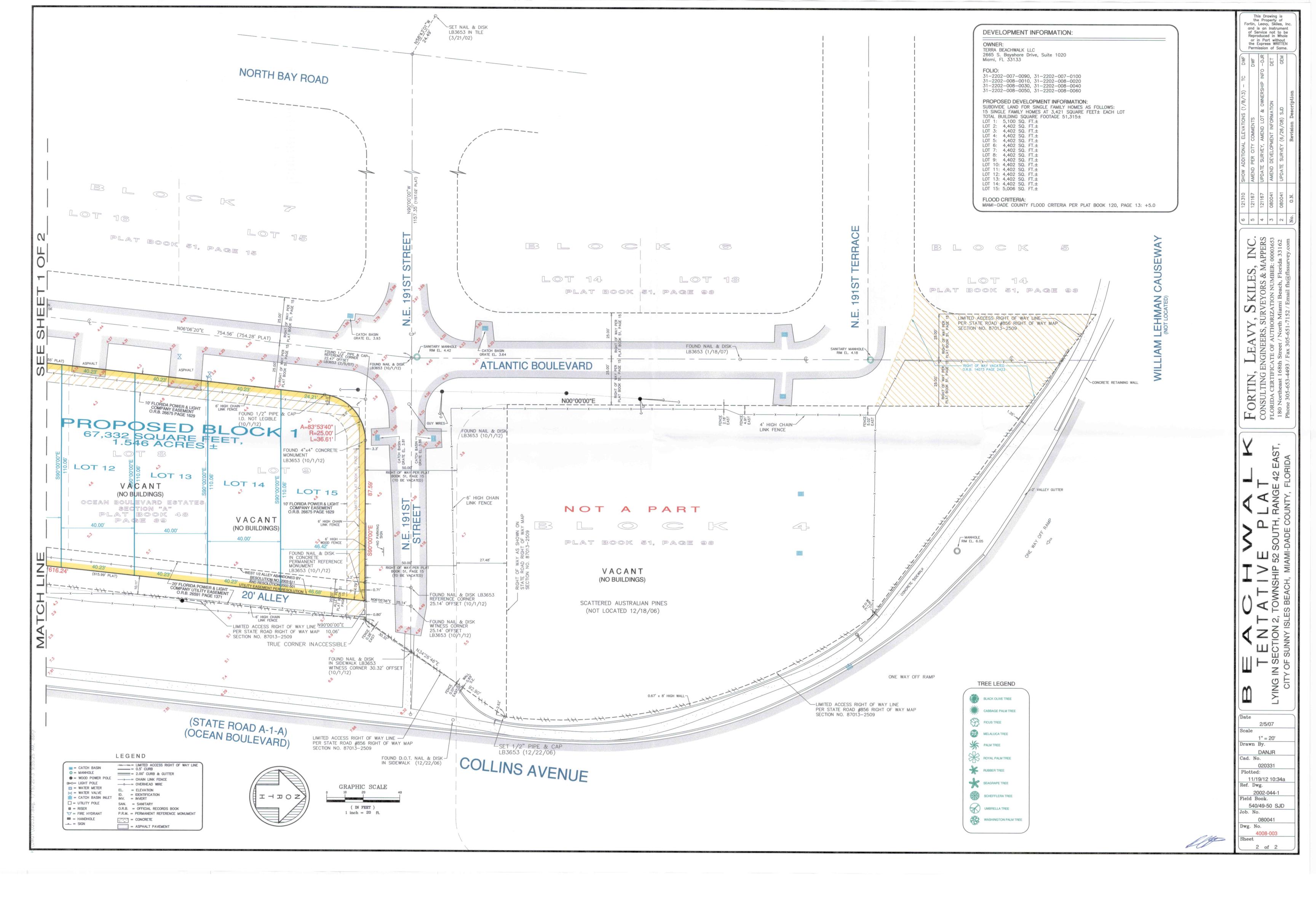
IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: Board of Coun	ty Commissioners.	FOR OFFICIAL	USE ONLY:
Number of Site		Agenda Date:/	1-25-13
FEES: P.W.W.M.	\$1,872.00		23334-1-NOU
Plus \$10.90 per site in excess of 6 sites	\$98.10		
P.E.R.A	\$210.00	Received Date:	77370
PRINT	\$2,180.10	ot applicable within Munic	- Inclinion
Concurrency Review Fee (*6.00% of Sub-Total) IOUNT FOR TENTATIVE OUTSIDE MUNICIPALITIES=>	\$2,310.91	===AMOUNT FOR TENTATIVE W	THIN UNICORPORATED MIAMI-DADE COUNTY
APPLICATION FOR PLAT	OF SUBDI	VISION DEV	ELOPMENT
Municipality: SUNNY ISLES Se	ac · 2 Twn · 52	S Roe: 42 F / Sec	.: Twp.:S. Rge.: E.
Name of Proposed Subdivision: Beachwalk		_0go	
Owner's Name: Terra Beachwalk, LLC		Phone: 3	05-777-3056
Address: 2665 South Bayshore Drive, Suite 1020	City: Miami		
Owner's Email Address: dmartin@terragroup.com			
Surveyor's Name: Fortin, Leavy, Skiles		Phone:	305-653-4493
Address: 180 NE 168th Street	City: N. Miami B		Zip Code: 33162
Surveyor's Email Address: damian@flssurvey.com			
		,	
5. Legal Description of Parent Tract: See Exhibit "A"			
6. Street boundaries: Atlantic Blvd. & NE 191st Street			
7. Present Zoning: R-TH Zonin	g Hearing No.:	Area veneza a con	
8 Proposed use of Property:			
Single Family Res.(15 Units), Duplex(Units) Business(Sq. Ft.), Office(Sq. Ft.), F	s), Apartments(Restaurant(\$	Units), Industrial/Ward Sq. Ft. & No. Seats),	other (Sq. Ft. & No. of Units
NOTE: List all plat restrictions zoning conditions or any of I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item belief. Attached is a copy of the recorded deed showing my acquisition of the	5 and that the information of	contained in this application is to	rue and correct to the best of my knowledge and
title to determine accurate ownership information. Furthermore, I am aware that the use of a public water supply and/or public	sewer system may be requ	uired for this development. If so	required, I recognize that engineering drawings
for the extension of these utilities must be approved by the appropriate utilities must be approved by the approved by the appropriate utilities must be approved by the approved by the appropriate utilities approved by the	statement in writing with	the intent to mislead a public	
shall be guilty of a misdemeanor of the second degree, punishable a	s provided in FS. 775.08	2 or FS. 775.083.	14/1
STATE OF FLORIDA) SS:	Signature of	Owner:	/ / X/
COUNTY OF MIAMI-DADE)	(Print name & Ti	tle here): David	dartin, manager
BEFORE ME, personally appeared David Moor acknowledged to and before me that (he/she) execuas identification are	ted the same for t	ne purposed therein. I	Personally known or produce
WITNESS my hand and seat in the County and State	last aforesaid this	2 day of Janua	ary , 2013 A.D.
SANDRA RAMOS Commission # EE 178548	Signature of N	/	Lamo2
My Commission Expires		71	dra Ramos
April 30, 2016	(Print, Ty	pe name here: San	
(NOTARY SEAL)		4/30/20/ (Commission Ex	
Note: The reverse side of this sheet may be used for a sta	tement of additional	the second secon	





IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: Board of County Commissioners.				
North-read Silver	FOR OFFICIAL USE ONLY:			
FEES:	Agenda Date:			
P.W.W.M. \$1,872.00 Plus \$10.90 per site in excess of 6 sites \$0.00 P.E.R.A. \$210.00	Tentative No.: T-23333 -1-V&W			
\$210.00 PRINT \$2,082.00	Received Date: 1-10-13			
Concurrency Review Fee (*6.00% of Sub-Total) \$124.92 *Not available with a state of the state				
AMOUNT FOR TENTATIVE OUTSIDE MUNICIPALITIES=> \$2,206.92 <				
APPLICATION FOR PLAT OF SUBDIVISION DEVELOPMENT				
	S. Rge.: <u>/</u>			
1. Name of Proposed Subdivision: NEW DISCAYNE SHUSTER.				
2. Owner's Name: Ralph Shuster, Inc Phone: 561-543-9393				
Address: 690 Sw 1 Ct # 1902 City: Miani State: Fl. Zip Code: 33130				
Owner's Email Address: Markkreisler @yahoo . com				
3. Surveyor's Name: BEUD & BEUD				
Address: 12230 SW 131 Ave ST-201 Miani State: Fl zip Code: 33186				
Surveyor's Email Address: Kbello @ bello land surveying . Com.				
4. Folio No(s).: 01-4122-00(-0320				
5. Legal Description of Parent Tract: portion of lots 4 & 5 & all of lot 6 & 7 / Black 76				
of the Samuel Rhodes Amended Plat of New BISCAYNE PB-B/PG-16				
6. Street boundaries: Blazne Street / LINCOLA AUE				
7. Present Zoning: T3-0 Zoning Hearing No.:				
8. Proposed use of Property: Single Family Res.(Units), Duplex(Units), Apartments(Units), Industrial/Warehouse(Square .Ft.), Business(Sq. Et.), Office(Sq. Et.), Protection of the content of th				
Business(Sq. Ft.), Office(Sq. Ft.), Restaurant(Sq.	. Ft. & No. Seats), Other (Sq. Ft. & No. of Units)			
NOTE: List all plat restrictions zoning conditions or any other declaration, restrict	tion and the state of the state			
I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the information con belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to title to determine accurate ownership information.	tained in this application is true and correct to the best of my knowledge and furnish additional items as may be necessary such as abstract or contributed.			
Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings				
Fursuant to Florida Statutes 837.06, whoever knowledgly makes a false statement				
	r FS. 775.083.			
STATE OF FLORIDA) SS: Signature of O	wner:			
COUNTY OF MIAMI-DADE) (Print name & Title	CONTRACTOR OF THE STATE OF THE			
PETODE ME	711. Day			
acknowledged to and before me that (he/she) executed the same for the	s Aday of Dec , Zell A.D. and (he/she) purposed therein. Personally known or produce			
as identification and who did (not) take a	an oath.			
WITNESS my hand and seal in the County and State last aforesaid this	h day of Dec , 20(2 A.D.			
STEPHANIE ANDRON MY COMMISSION # EE 144105 EXPIRES: November 144105	ary Public:			
EXPIRES: November 7, 2015 Bonded Thru Notary Public Underwriters (Print, Type r	name here: Stephenie Andron			
I was a second with the second	11/7/7915 144105			
(NOTARY SEAL) Note: The reverse side of this sheet may be used for a statement of additional item	(Commission Expires) (Commission Number) as you may wish considered.			
	WELL 17/07/000			